



CARPENTRY WORKERS' BENEFIT PLAN of BC

300 – 2806 Kingsway, Vancouver, BC V5R 5V1
 Telephone: 604-438-2434 Tollfree: 1-877-411-2806 Fax: 604-438-5348
 website www.cwbp.ca

EMPLOYEE ASSISTANCE CLAIM FORM

The benefit provides assistance to members with a wide variety of counseling services currently not available through Medical Services Plan or other sources. A referral from your general practitioner is not required. The program is based on reimbursement of fees paid to the **annual family limit of \$550**, reimbursed at the rate of 80% (\$440 max).

Services that are not covered:

- Any services provided by the Provincial Government or a Government Agency including WCB or ICBC
- Services provided by an agency established within the Provincial Council Of Carpenters collective agreements

Member Name: _____		Member Number: _____	
Address: _____			
Postal Code: _____		Phone Number () _____	
Counseling Firm: _____			
Date(s) of Treatment(s): _____			
Name of person(s) receiving treatment(s): _____			
Amount claimed: \$ _____		Cost per session: \$ _____	
		Number of sessions: _____	

I certify that I and/or my dependents incurred these expenses. All information is correct. I consent to the Carpenters' Benefit Plan using this personal information to adjudicate my claim and disclosing this information when required or permitted by law or pursuant to its contractual obligations under my benefit plan.

 Signature of member

 Date signed

*Original paid receipts must be submitted with this completed claim form; receipts will not be returned. If you also have coverage with another insurance company, make a photocopy of all receipts before sending the originals to the Carpenters' Benefit Plan. **At the time of the counseling appointment, the member must be covered under a full package (this benefit is not included in the "mini" or "retired" packages).***

Please note that all claims for the previous year must be received by the Plan Office by June 30. No exceptions can or will be made.

OFFICE USE ONLY

Member's coverage type: _____

Claim Year _____

Yearly maximum reached Y / N

Claim amount	\$
Amount recognized	
(x 80%)	
Cheque total	

Adjudicator _____

Date: _____

CLAIM FORMS ARE AVAILABLE AT THE OFFICE OF THE CARPENTRY WORKERS' BENEFIT PLAN OF BC
 OR ONLINE AT www.cwbp.ca